

# Unprofessional Physicians — Some Correlative Data

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*In the background of those physicians who have problems in medical practice serious enough to attract attention by the licensing body, there are factors that apparently can help predict such behavior. As a candidate for medical school the applicant more likely to have future problems has the following profile: (1) older than the average applicant with a lower grade point average; (2) more likely to have used tobacco; (3) did not receive a baccalaureate degree; (4) no military service; (5) turned in a sloppy handwritten application form, and (6) received a less than ideal character reference by the college from which applying. Furthermore, after admission to medical school the person more prone to future problems tends to be a poorer student than his peers and to receive a poorer rating in his first postgraduate year. The Loma Linda University graduate who has had such problems is also more likely to have settled in Southern California and to be in general practice.*

IT IS THE CONCERN of every medical school admissions committee to select applicants who will show the greatest promise of success as future physicians. The attributes of most importance are not the cognitive knowledge and academic standing, but rather those that will relate to integrity, empathy and ethical practice. Obviously, the qualities that characterize a good physician are hard to define. Ideally, one would like to have some

objective method to evaluate the quality of medical care delivered by the individual graduate in his contact with patients. To our knowledge, no satisfactory comprehensive and objective methods for such evaluation have been devised.

On the other hand, quality of medical practice can be evaluated by observation based on physicians who have shown specific inability to conform to standard medical practice or to ethical society. The present study deals with such a group: those who have been cited by the California State Board of Medical Examiners (now called the Board of Medical Quality Assurance)

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TABLE 1.—*Types of Offenses in 83 Cases of Disciplinary Action*

Narcotics .....	19
Narcotics and one of the items below .....	19
Abortions .....	8
Felony and moral turpitude, etc. ....	11
Mental illness .....	7
Unprofessional conduct, etc. ....	17
Licensure .....	1
Licensure problem in another state .....	1
<b>TOTAL .....</b>	<b>83</b>

for disciplinary action. These disciplinary proceedings of the Board are a matter of public record. The purpose of this study is to attempt to define those characteristics that might enable an admissions committee to identify the type of person who in later practice is more likely to have professional and personal problems of such a nature as to require discipline. Our study concerns the graduates of the Loma Linda University School of Medicine (formerly called the College of Medical Evangelists). The medical school at Loma Linda was established and is presently operated with specific ethical objectives in mind. The Admissions Committee selects students who, it is hoped, will follow the principles and patterns. The purpose of the school is summarized in the *Bulletin*, which states that not only is the school expected to train people in professional school, but also "to guide in the development of values, revealed in the intellectual, ethical, and humane concerns. To engender and nurture the desire to service mankind in the country and throughout the world."<sup>1\*</sup>

The present study includes those physicians cited for unprofessional conduct as indicated by the state disciplinary records of 1947 to 1976. Because medical school records of graduates in the distant past are not complete or easily comparable, we have limited the study to those physicians who have graduated in the classes of 1935 through 1975. A total of 83 physicians who graduated from Loma Linda in 1935 or later have been summoned or mentioned by the Board for hearings on charges of unprofessional conduct. The number of graduates during this same time is 3,927. Of this number 3,624 are alive at the last listing. About 65 percent of the graduates are in the state of California. These 83 cases

would generally be of those who are practicing or have practiced in California. The offenses charged cover a number of areas, but the most common is the intemperate use and abuse of narcotics. A breakdown of the offenses from the list published by the Board is shown in Table 1.

Narcotic addiction in physicians is reported to be 30 to 100 times as frequent as in the general population.<sup>2</sup> During a 25-year period, 0.5 percent of all physicians licensed in New York State were reported as addicts to the Bureau of Narcotics Control.<sup>3</sup> In California it has been estimated that 1 to 2 percent of physicians in the state have used narcotics at some time in their career and that about half of the 125 cases that come to the Board each year involve narcotics. Figures of 1 to 2 percent of the physician population coming before respective state boards because of drug abuse have also been reported in other states.<sup>4</sup> For statistical comparison we have used the information for all persons in three classes of physicians graduating during this period: classes which graduated in 1944, 1953 and 1961.<sup>5</sup> This includes not only the data available in the file of a biographic and academic nature but also a careful individual follow-up study of each of these graduates. We have compared the biographical, academic and follow-up information of these standard reference classes with the group of 83 who had Board problems. These have been subjected to statistical analysis, using simple t-tests or chi-square, depending on the attributes studied.

### Items of General Biographical Nature

The average age at admission of the reference group is 23.2 whereas those who later had Board problems is 25.6. This was highly significant on the t-test. Comparisons of weight, height and sex had no statistical significance.

### Academic and Cognitive Data

Comparisons of college grade point averages showed pronounced statistical differences. The grade point averages of the reference group in all courses, in science courses and in nonscience courses were all above 3.0, whereas these values were about 2.8 for those who had later problems with the Board. The t-test showed the difference to be highly significant in all those categories. On the contrary, the Medical College Admissions Test scores were very similar and showed no statistically significant difference. National Board Part

\*Loma Linda University is owned and operated by the Seventh-day Adventist Church organization. Students accepted are expected to conform to the standards practiced by the church. This includes abstaining from the use of tobacco and alcohol.

I scores also showed no significant differences. Of interest was the fact that the Part II Medicine, Gynecology and Obstetrics, Pediatrics and Psychiatry scores did have a statistical significance, being definitely higher in those of the reference group. The scholastic standing of the students in each group over the four years of the medical course proved to be another valid finding. The average class standing of the group with problems with the Board was the 39th percentile. This was also highly significant when subjected to the t-test. In other words, the mean class standing of students who encountered trouble with the Board was significantly lower than that of the other students.

### **Biographical Information Available to Admissions Committee**

#### *Prior Use of Alcohol and Tobacco*

Though students who on their applications indicated that they had previously used alcohol had an apparently increased tendency toward later problems with the Board, it was not significant. On the other hand, the use of tobacco before entrance to medical school was statistically related to later problems in practice.

#### *Personal and Family History*

The status of marriage, with or without children, on admission to medical school had no significance in relation to future problems. There seemed to be no difference between those whose fathers were professionally trained people and those whose fathers were farmers or other types of laborers. Likewise, whether or not the parents were living, or what the mother's occupation was, had little predictive value for future problems. Home address, birthplace and citizenship failed to show any correlation with future problems.

#### *College History*

Those students who attended church-sponsored colleges had less tendency to encounter Board problems than those who attended other colleges. Also, students who changed colleges were slightly more likely to run into future problems than those who spent their entire premedical experience in one college. Those students who were admitted with a bachelor's degree were statistically much less likely to have future problems than those without a degree. In comparison with the amount

of premedical work, those who came into medical school with only two years of premedical college work had a much greater tendency to have problems later than those who had completed more college work.

#### *Previous Military Service*

It is interesting to note that those students who had had military service before entering medical school were less likely to have problems with the Board than those who had never seen military service.

#### *Application Forms*

The application forms were classified as to whether typed or handwritten, also as to the relative neatness. Six categories of neatness were established: (1) typed and neat, (2) typed with less than five mistakes in spelling or grammar, (3) typed and sloppy with six or more mistakes, (4) handwritten but neat, (5) handwritten and with four to nine mistakes, (6) handwritten and very sloppy or with more than ten mistakes. As compared with the reference classes, the group of physicians who later had Board problems had a much greater number who turned in sloppy, handwritten application forms (category 6), and actually much fewer in category 2—that is, typed forms with a modest number of mistakes. In other words, physicians who were up for disciplinary action by the Board were much more likely to have turned in a sloppy, handwritten application form when applying for medical school.

#### *Confidential Recommendation From College*

The form sent to many of the premedical colleges has included a number of questions about the personal life of the applicant. These include the faculty's evaluation of the applicant's spiritual impact, his character and his personality, and a general overall performance assessment. The evaluation of personality seemed to have no correlation with future problems. However, those who were noted to have a neutral spiritual impact or were not as highly recommended on character or on general recommendation had a much greater tendency to have future Board problems.

#### *Progress in Medical School*

Students who took longer than the four academic years to graduate were more likely to have

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future practice problems. Attempts at subdividing the group into delayed graduation due to academic reasons, disciplinary causes, graduate study and so forth, did not provide any significant findings.

### Follow-up Information

#### *Internship Rating*

For many years, the administration of the school has requested confidential evaluations from the hospital where each graduate has spent his first postgraduate year. The forms request that they be evaluated as exceptional, very good, satisfactory or needing improvement. Those who were merely classified as satisfactory had a greater tendency to have later Board disciplinary problems.

#### *Type of Practice*

More general practitioners had problems with the Board than their classmates who entered specialties. The difference was highly significant statistically.

#### *Place of Practice*

There was a disproportionate number of those who settled in Southern California who had problems with the State Board. Again, the difference was highly significant.

#### REFERENCES

1. Bulletin of the Loma Linda University School of Medicine 1975-1977, p 12
2. Modlin HC, Montes A: Narcotic addiction in physicians. *Am J Psychiatry* 21:358-365, Oct 1964
3. Vaillant GE, Brighton JR, McArthur C: Physicians use of mood altering drugs. *N Engl J Med* 282:365-370, Feb 12, 1970
4. The sick physician. *JAMA* 223:684-687, Feb 5, 1973
5. Hadley GG, Neilsen IR, Clark WB: Can we predict which students will work overseas after graduation. *Med Arts and Sc* 28: 18-23, Jun 1974

## Using the Roll Test in a Complicated Pregnancy

DR. ZUSPAN: "The roll test is the aortic renal compression test. You lay the patient on her side and take blood pressure in the upper arm—after the patient has been stabilized—and then roll her on her back. You take the immediate blood pressure reading when she is on her back, wait 3 to 5 minutes and take another blood pressure reading. If the diastolic pressure rises 20 or more, it is a positive roll test. The important reading, I personally feel, is when you immediately roll her on her back, because this is the greatest response of the baroreceptors, and this should measure cardiovascular reactivity better, I believe. . . . If you have a negative roll test, that is important because you can be reassured that in greater than 90 percent of those patients preeclampsia will not develop. And if you do a roll test on every visit of a patient from the 22nd or 24th week of gestation, I can assure you that the red flags will begin to go up, and that if the results are positive, somewhere between 60 and 80 percent of the patients will undoubtedly have either transient hypertension or early pregnancy-induced hypertension, and you can do something about that. So you are identifying and preventing."

—FREDERICK P. ZUSPAN, MD, *Columbus, OH*  
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